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APPLICANTS

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** CONTINUING DATA *****

None DM 4/11/06

** FOREIGN APPLICATIONS *****

SWEDEN 0202537-7 08/28/2002 DM 4/11/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/06/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 2	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged				
Examiner's Signature <i>DM</i>	Initials			

ADDRESS

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TITLE

Nerve stimulation device

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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